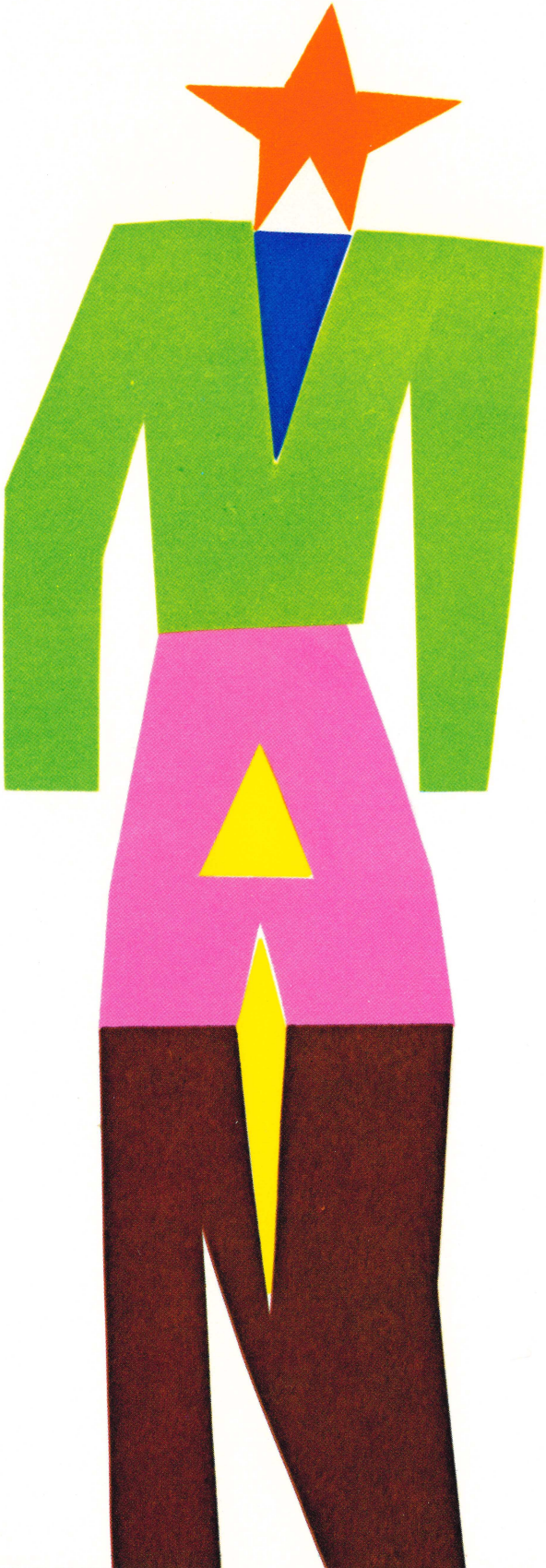
January-February, 1966 MEDICAL MISSIONARY



MAN

Who is this mystery we call "man?" Composite of greatness and littleness, freedom and limitation, God's image, creation's king, clay clothed in the glory of God's own Son. In this person, in every person, there is uniqueness, potential, an infinite hunger, a value beyond price, a claim upon us. What ultimately makes war or builds peace is the answer we make to those who knock upon our heart. Will we answer with the respect and love that encourages a person to give himself and to become himself in freedom? Will we join the battle against the forces that limit men: illness, ignorance, selfishness, distrust? Let us make a constructive answer, one that builds God's Kingdom of Peace. □ by SISTER M. LAWRENCE

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Editorial Board: Sister M. Pierre, Sister Miriam Therese, Sister M. Lawrence, Sister M. Richard
Art Director: Michael C. Louridas; Business: Sister M. Brian
Photography: John L. Alexandrowicz
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THEME FOR 1966

The theme of the 1966 issues of the MEDICAL MISSIONARY, lifted out of the turbulent currents of our times, is: TOWARD PEACE BETWEEN MEN.

Peace is the burning issue of our times. There is no word more worn with usage in the vocabulary of modern man. There is most likely no word more manhandled, more basically misunderstood than this one which flies its colors from the mast of every human heart. We look for peace on the shores of continents and in the desk drawers of the world's leaders. It is certain to arrive there, eventually. But we too seldom remember that war and peace begin and end in the hearts of men. I am my brother's keeper and so are you. Because we are, we can choose to be instrumental in laying the foundations for world peace by appeasing the war in our brother's mind and members. The pattern for peace does not lie "over there," in an ink-stained treaty, within the scope of another man's responsibility. It is as close as the man next door. Its awful burden is yours and mine.

Hunger for internal order is rooted in the person, in many persons, all over the world. Every nation, every culture, craves it in a unique way. This desire for peace is not merely an individual claim. It is communal, national, international. A man at peace with himself seeks harmonious relationships with others: his family, his lover, his co-workers, his friends. This desire for peace necessarily spreads beyond the clusters of families and groups into the broader sphere of the community. Good families make good neighbors. Good neighbors insure a peaceful community, one in which its members throw in their lots together and work as a team. And good communities mean harmony and order within a nation. Ultimately, then, only those nations that emerge as a flowering of a just self-determination dare take their stand in peaceful co-existence, mutual collaboration, mutual enrichment beside all the other nations of the world. These harmonious relationships on all levels of life are the building blocks that guarantee the structure of world peace.

What are the enemies of peace? They are myriad. War, famine, poverty, disease, insecurity, unrest, the busted lung, the twisted body, the crippling plague—these rob man of his selfhood and breed the vermin of struggle and fear. During 1966, the issues of the MEDICAL MISSIONARY will feature different aspects of our central theme: TOWARD PEACE BETWEEN MEN. In the following order, we will investigate: MAN: AN INDIVIDUAL; MAN AND HIS RELATIONSHIP WITH HIS FAMILY; WITH HIS COMMUNITY; WITH HIS NATION; WITH HIS CULTURE; and MAN AND INTERNATIONAL RELATIONSHIPS.

Today, as never before, there is an urgency to attain peace on earth. The impact of Pope John's PACEM IN TERRIS rocked the world. His successor, Pope Paul VI, severed the ties of time-honored tradition to pilgrimage across a world to plead for peace. This very hour, our nation and every nation attempting to build peace, faces its awful risk. But the efforts of one nation, or a score of nations, can never be enough. Peace depends on individuals, on the concern of every man for every other man on earth. Massive efforts toward achieving peace can only succeed when supported by lesser attempts at trust and mutual understanding. Each of us is obliged to strain muscle and ingenuity to build peace in the tiny corner of his own life. There can never be peace and wholeness in this battle-scarred world of ours until we rub out the sting of unrest, not from humanity, but from the hearts and bodies of men.

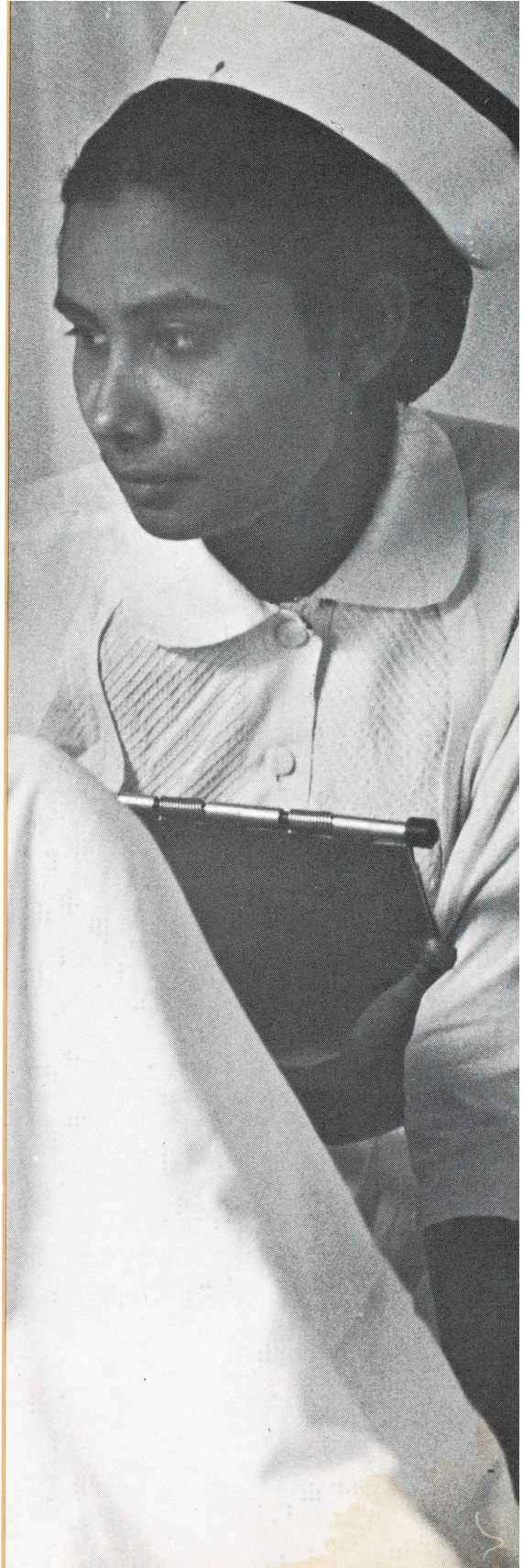
every job has its hazards

. . . but I wonder if mine isn't the most hazardous of all — the danger of coming to know people by their bed numbers in a ward or their temperature charts rather than by the "you" that's in them. It can happen so easily, especially in a busy mission hospital with patients in and out every few days and so many really sick ones. Time is always at a premium.

BY SISTER M. ROBERTA

I was thinking about this before we started ward rounds this morning—how distinctive each of those patients is, how much their lives vary even though at first glance they look so much alike, how personal each one's story and how seldom we really discover them. Doctor interrupted my musings with a quick, "Let's get started on rounds, Sister." I followed her quickly into the ward, all thoughts about this or that patient scattered to the winds as I handed the chart to Doctor, settled the student nurse in her spot and looked over the ward trying to anticipate any difficulties ahead.

We were four for rounds today, our Sister-doctor, Sister Augustina, Dr. Rehana, a Pakistani intern, a young student nurse and myself, the nurse in charge of the female surgical floor. The procedure is to move from bed to bed, checking on the condition of each patient, examining, obtaining orders from Doctor, explaining, urging, cajoling, etc., depending upon the case.



On morning rounds, the patient is always the center of interest to Sister M. Augustina, M.D. and the staff nurse.

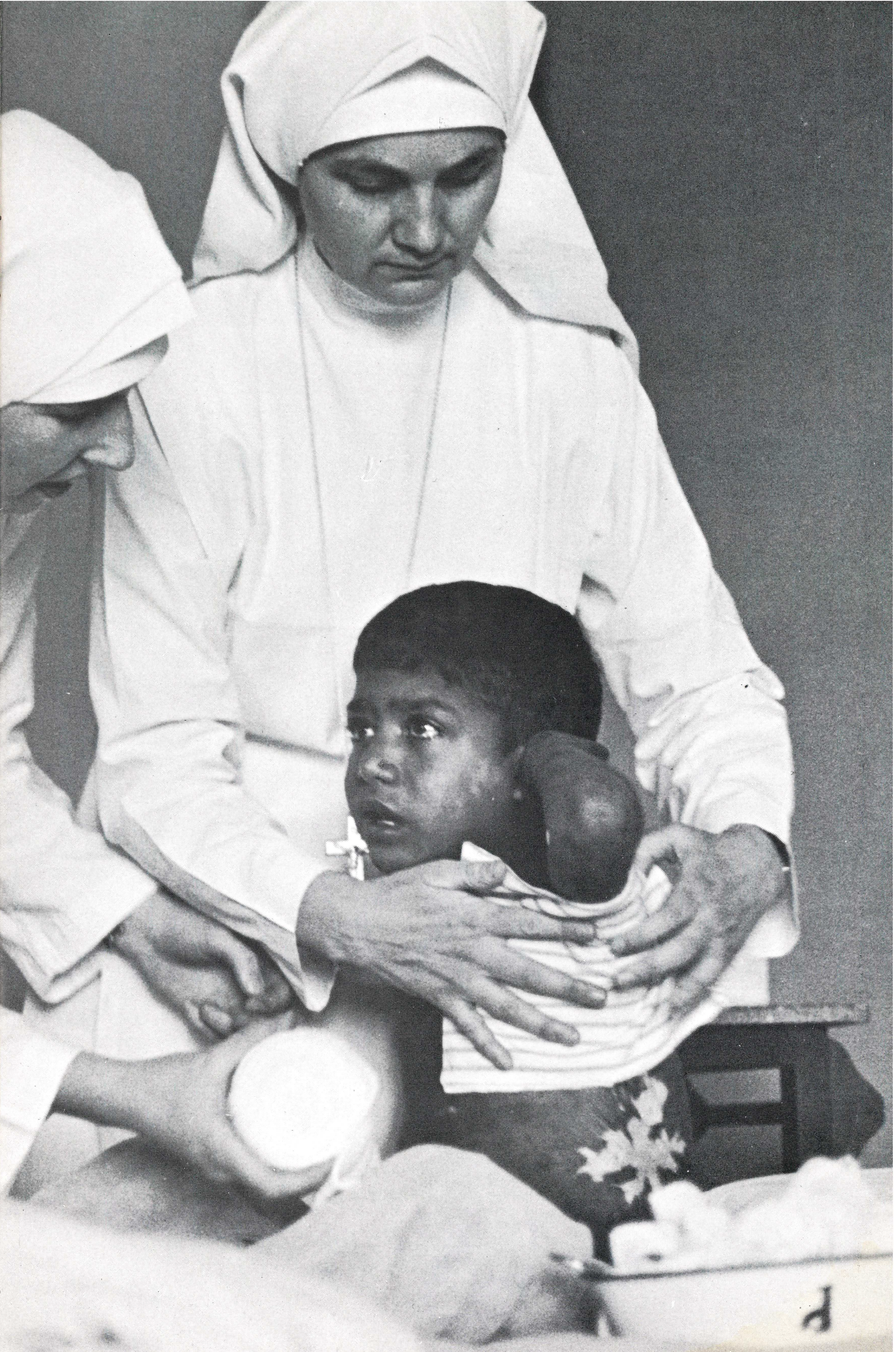
Jamilla, a 17 year old who looked anything but interested in a visit from anyone let alone four strangers in white, was in Bed #1. A naso-gastric tube connected to a suction apparatus was in her nose, an I.V. drip going in her arm, her eyes half closed and her long, black hair in disarray on her pillow. Looking at her, it wasn't hard to believe her story. Doctor had been up at 3:00 a.m. to do an emergency operation for a ruptured appendix. With antibiotics and care, there was every hope that she would come through all right.

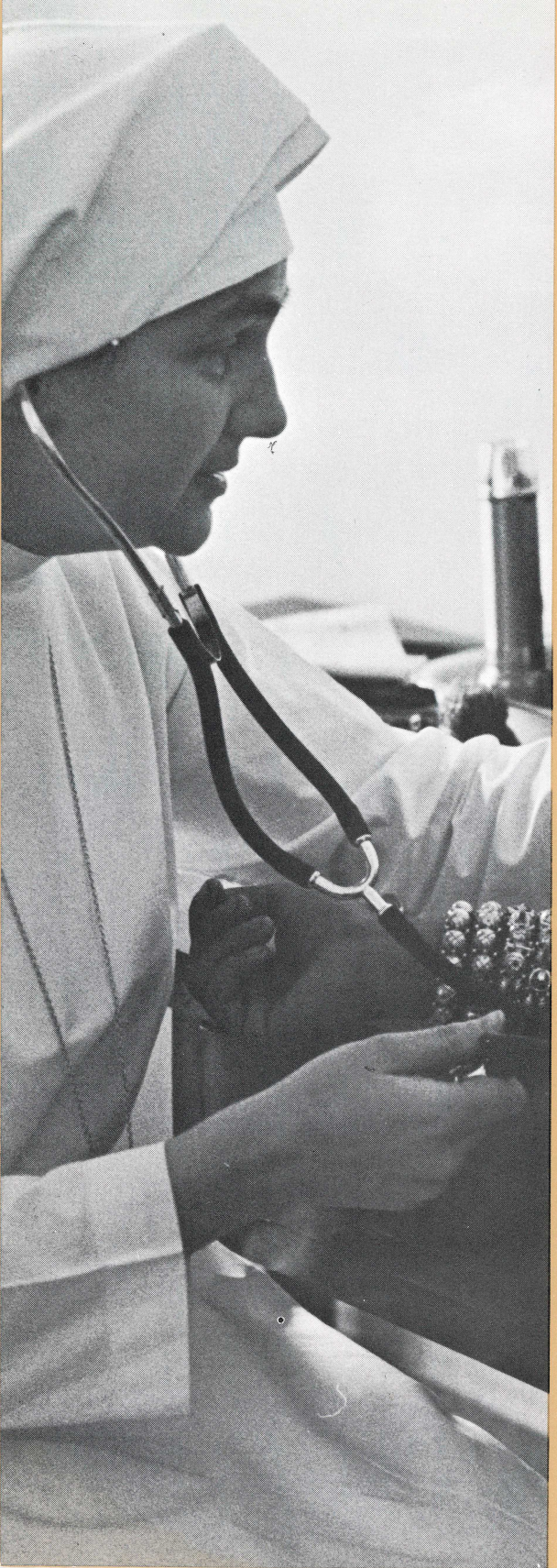
> **"The joys and hopes, the griefs and the anxieties of the men of this age, especially those who are poor or in any way afflicted, these are the joys and hopes, the griefs and anxieties of the followers of Christ."**
>
> The Church in the Modern World

Jamilla's mother, a big buxom Punjabi, hovering like a hen over her chick, was watching every flicker of her daughter's eye. This was a first experience for her, a "first" at Holy Family Hospital and there was much about it that left her puzzled. Right after surgery last night, she had cornered Doctor to find out what was wrong, how it had happened, what had Doctor done, etc. Her first concern was her daughter's welfare, of course, and she was visibly relieved when Sister Augustina told her that she thought Jamilla would make out all right, although it might take some time.

The second big question, however, close upon the first, was what to do about the marriage which

Doctor and nurse both understand when it really hurts and give more than medical treatment to this badly burnt child.





was planned for the coming summer. A nice boy presently studying in England was the chosen partner. It was a good match and the mother didn't want anything to interfere with it if she could help it. Doctor understood her concern. Finding a suitable companion for a daughter is a big factor in a parent's life in these parts and not always an easy one to resolve. Again, Sister Augustina could reassure the woman that in all likelihood, a summer wedding would be fine.

Doctor thought she had settled all and was trying to slip away when the third and all-important question came. Would Jamilla be able to bear children? More was in the question than just female curiosity. To be fertile is extremely important in this culture. To bear a male child is every woman's dream. Doctor smiled, telling the older woman that she could see no reason in the world why Jamilla would not make a very fine wife and mother. At this news, the mother broke into a big smile and tried to kiss Doctor's hands, saying, "Oh, thank you, Doctor. May Allah bless and reward you and grant you long life and many children yourself!"

That had all taken place last night, but by morning, there was another whole barrage of questions to be answered. I tried to handle a few of them while Sister Augustina and Dr. Rehana finished reviewing the operation in quiet tones at the foot of the bed.

We were ready to move on to the next patient when the mother wiggled into a strategic spot once

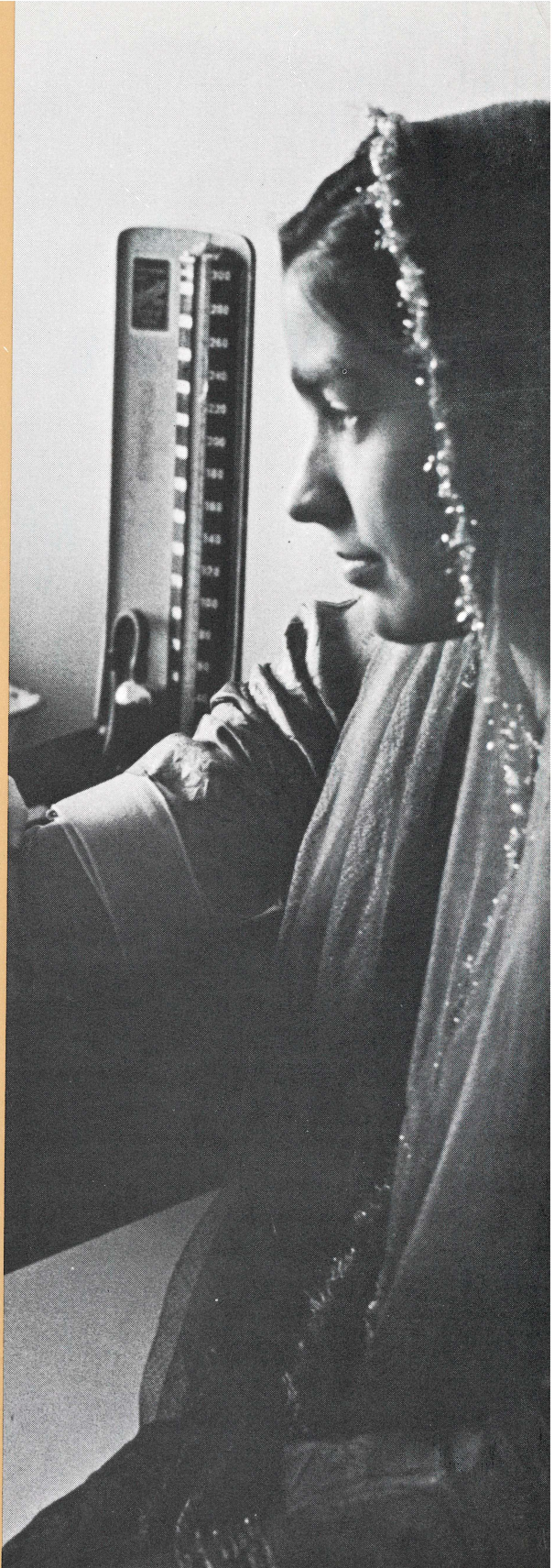
Although from separate cultures, a doctor and physical well-being.

again and confronted Doctor with great earnestness in her voice. "Will my daughter really live, Doctor?" Softly but firmly, Sister Augustina replied, "I have every reason to believe she will."

Jamilla's small, limp hand was in mine when Doctor spoke those words. Without moving her eyelids or changing her facial expression, she maneuvered her fingers around mine and gave them a firm squeeze. She could do no more and yet, she had to do that much. She had heard her mother's question—not couched in a soft voice—and she had also heard the soft, firm reply. Sick as she was, she cared to hear those words and when they came, she had to make an answer. Her hand could speak what no other part of her could, a word of gratitude. I squeezed back in return, as if to say, "Jamilla, there is no life unless it is given to others. That's why we are here."

It was time to move on but I knew with real surety that Jamilla would never be just "the patient in Bed #1" or the "one with a high temperature." She would be Jamilla for me. Our hands had met over a matter of life.

Bed #2 was a different kind of story, one that everyone knew. Not that Nur Jahan talked a great deal (actually she was rather quiet) but the facts just didn't seem to go with the rest of her. At 25, a beautiful, young Pakistani woman with thick black hair and eyes that could dance and joke or soften with suffering in an instant, she had widespread cancer and didn't have long to live. This had been discovered after an exploratory laparotomy



her patient are joined in a common struggle for

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which showed that nothing but relief measures could be adapted. She knew this, others around her knew it and it was accepted for what it was—her kismet, Allah's will for her.

There was no question of not knowing Nur Jahan's name and calling her by it. Why its very meaning "light of my life" seemed to characterize so well what she brought to the ward—a certain kind of light that came from deep within her and a life view learned from many hours of borne pain.

What saddened me so much when I looked at her was that it might have been such a different story. She and her husband lived in a small, remote village many miles away in the direction of the Himalayan foothills. When her abdominal pain first started some months ago and she was advised to have an operation, both she and her husband refused. There was no female surgeon in the small local hospital. To have a male doctor operate on her was out of the question for two so strict observers of the Muslim purdah system. The weeks and months passed, the pain grew steadily worse. Finally, through an old friend from another village, the husband heard about Holy Family Hospital and the Sister-doctor there. He brought Nur Jahan the long, pain-filled distance.

I was with Doctor some days after surgery when she stood next to Nur Jahan's bed and told her the news that the operation would not cure her but a series of injections would bring some relief. Nur Jahan had hoped for something far different, far better, when she came. She was young and everything lay ahead of her. She wanted very much to live, to have a home and raise a family. For a moment she turned her head away and lay quietly, her eyes closed. Finally, with a lump as big as an egg in my own throat, I leaned over and tried to say something to her. She opened her eyes, met mine and said so simply, "Sister, do not feel bad. I will find my strength here." Her arm moved so she could finger the cloth cover of her holy Koran, the book by which she lived.

This was no idle prediction. In the days that followed, she found not only her own strength but strength to support many others in the ward who lacked her deep spirit. I drew from her store myself at times and Nur Jahan became more friend than patient.

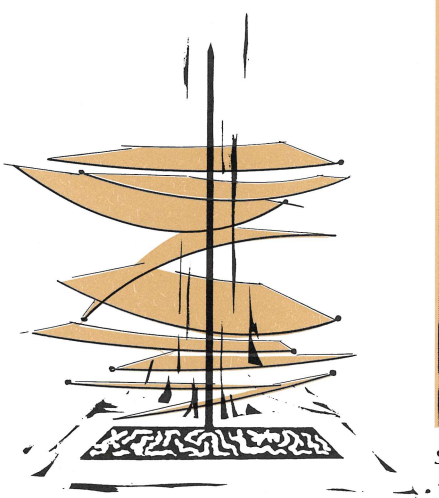
This morning on rounds, Doctor asked her how she felt after her latest nitrogen mustard injection. "Better, Doctor. Yesterday I was hardly nauseated at all and I feel quite well today. Thank you so much." As we moved to the next bed, Dr. Rehana said aloud what all of us were thinking . . . "Nur Jahan is truly a lovely person. May Allah be merciful to her."

We came to Bed #3—Zebun Nissa, a Pathan from the Northwest Frontier Province, with honey-colored skin and green eyes . . . so different from the others. Suddenly, it struck me. Yes, there is danger of confining patients inside the cover of their charts and not coming to really know them. But when God makes you a missionary, somehow there is something special about each person He lets you meet, and discovery often comes when you least expect it.

The author, Sister M. Roberta, emphasizes the whole person in her anatomy class.

mutually enriched

By Sister M. Philip



Sister M. Philip, author, compounding ointments in Uganda.

I shall always be grateful to Serapio. He was my first assistant and right hand man when I began my work as a pharmacist in East Africa. With one hundred patients a morning and almost as many in the afternoon I was behind the proverbial "eight ball" right from the start. My Rutoro (the language of the area) was halting at best. Drug crates were piled high, unopened and unsorted. To Serapio, whose unfailing smile graced an eighth grade education, I could only utter pat phrases, such as: "Put this in there; put this label on that box and give it to Paul Bankusa."

Whenever we had time to pause for a breathing spell, we would try to straighten out our general state of confusion. In the process, Serapio learned a little about pharmacy and a whole lot about work. Respect for the person you are serving, efficiency, honesty, a sense of the value of time—all this and more Serapio gradually acquired in his new job. Before long he began to take responsibility and to lend a helping hand whenever another department was in need. It is a long way from short pants and bare feet to the sophisticated young man who is now working for the Agricultural Department. The last time I had a chat with Serapio he was coming out of the bank where he had been negotiating for loans for the farmers in the valley.

Then there was John Kaliza.

Sister M. Philip and her assistant, John, wait at the pharmacy window for rush hour to begin.

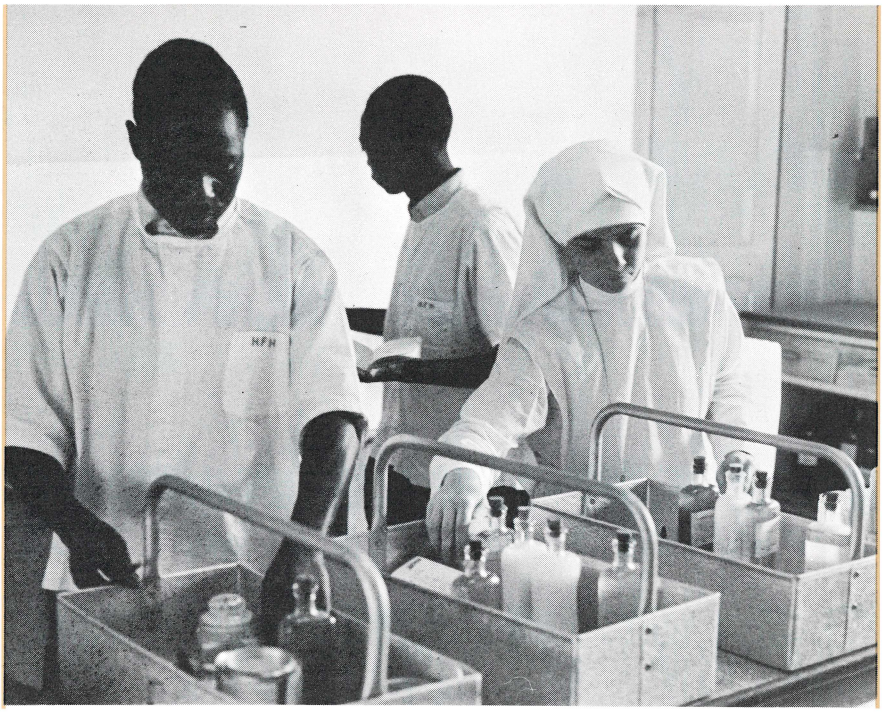
John was a special gift to the pharmacy. When Sister brought him to me, she said, "Could you use someone to wash bottles? This boy doesn't seem so bright. We can't use him as an orderly." Anybody I could get was far too valuable to put to washing bottles, so John was pressed into service.

One thing I noticed about John as we began to work together. There was no gleam in his eye to assure me that he understood what I had said. For this reason I usually repeated myself three times, just to be sure. One day he looked up at me and said, "You think I don't understand what you are saying, don't you." From that day on I put my faith in John and have been rewarded beyond my fondest hopes. John learned quickly. In fact he is now so good at mathematics that he often solves a problem in his head before I finish it on paper, much to my joy and chagrin.

John learned the art of compounding, from ointments and mixtures to suppositories and I.V. solutions. His dispensing was soon good enough to send him on safari where the number of medicines to be handled is limited to about 40. Often he dispensed for two hundred or more patients in a

"Peace on earth cannot be obtained unless . . . men freely and trustingly share with one another the riches of their inner spirits and their talents . . ."

The Church in the Modern World

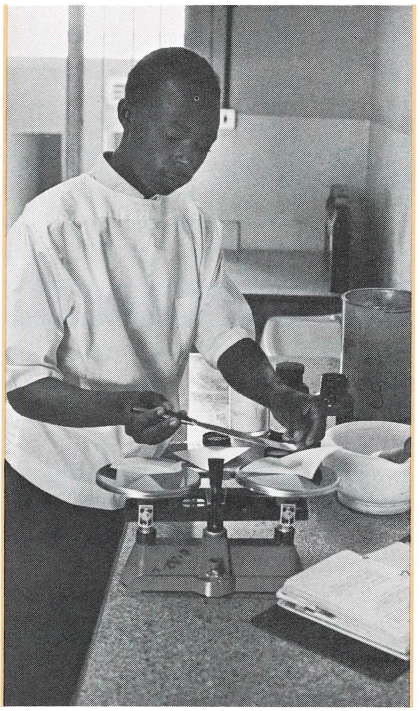


Sister M. Philip works side by side with John and Gaetano.

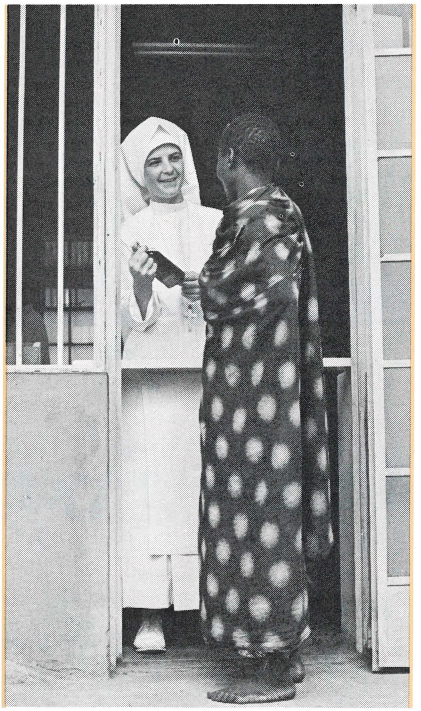
single day. One day John came home, annoyed as usual with the ubiquitous dust in his hair, and asked, "Now what do I do when they bring me a calabash (a plant which produces a gourd-like container) to put the medicine in?" "Put a label on, of course," was all I could answer.

I was glad and proud when John went on safaris, but most of all I enjoyed the days when John was home. Working beside him was professionally very satisfying. We enjoyed the same jokes and when things went wrong we solved the problem together. The quiet smile that steals across John's face when he is proud of an accomplishment really warms my heart. Now that he has finished his training he is taking care of the dispensing at another hospital. Often now it is my turn for a pinch of pride. Frequently a referred patient brings an empty bottle for a prescription refill with a label made out in the inimitable scrawl that is John's.

Then there is Gaetano Rwansuh. His sense of responsibility and organization is so extraordinary he is otherwise known as "my boss." If Gaetano comes on duty at 9:00 a.m. and finds that I haven't finished all the work that I should have by then, I get a small lecture. He checks all the incoming drugs against the invoices and does the inventory. If I am wise I always check my proposed drug order with Gaetano before submitting it to the administrator. He can usually discover two or three items I have forgotten. He takes full charge



His training at Holy Family Hospital over, John takes care of the dispensing at another hospital.



A pinch of pride for Sister M. Philip when she reads the label made out by John.

of preparing the drugs for safari and sees that these are prepacked in advance. He himself dispenses on all the longest safaris. His consideration and generosity are especially evident when we get behind on unusually busy days. "Don't you worry about that, Sister. I shall stay until I have it finished. You go." And Gaetano is absolutely dependable.

One day I decided it was time to stop pretending with the Swahili patients. So I learned enough Swahili to give instructions to them. Not to be outdone, my friend Gaetano took it upon himself to learn not only Swahili, but also Rukonjo, Rhwezi and Rukiga as well, so "I can serve the people better." In his free time Gaetano is often caught reading the Church's teaching on Christian marriage. He is also an active member in the Legion of Mary.

The greatest privilege of my missionary career has been this sharing with my Ugandan lab partners experiences leading to our common goal. To have had the opportunity to grow together in a deepening realization of our vocation as Christians; to have met, communicated, exchanged and become mutually enriched—these to me are the things of greatest value. These have given me a great inner peace. At the same time the harmonious bonds that have been forged between my partners and me have contributed their mite toward the building of peace in this tiny corner of the great African world.

"salaam"

BY SISTER M. LAWRENCE

To know what the experience of nurses' training can mean to a young Punjabi woman, you have to go to West Pakistan and meet one. Katija Shah is one of many examples of the "break-through" that can take place, and is taking place, in the lives of some modern Muslim women. I asked Miss Shah to tell me why she wanted to be a nurse and what she thought of her training so far. She was eager to tell her story.

"We live in Karachi. I came by chance to Holy Family Hospital. My sister was admitted. I liked to watch the nurses when I came to visit. Soon I realized I wanted to become a nurse. I don't know why. I think I liked the white uniform. And I thought nursing was easier than

"An outing with my classmates . . ."

college. I was wrong about that, but no matter.

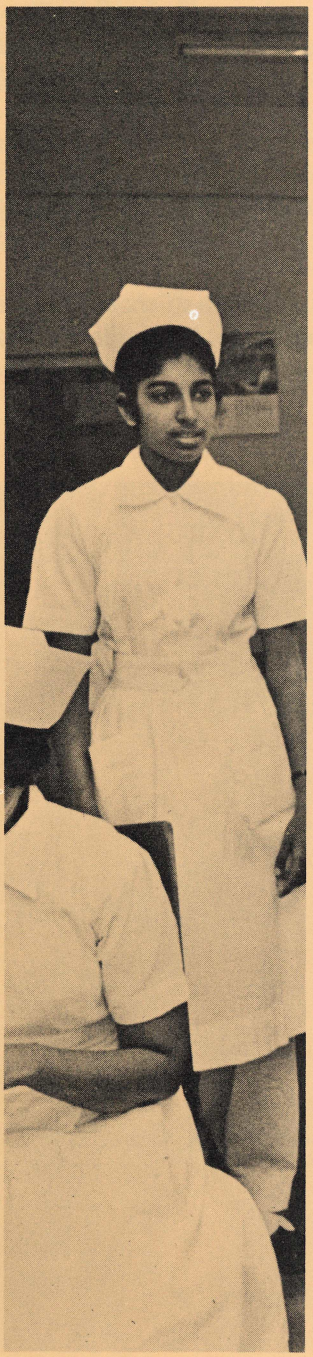
"My family was upset. They did not understand nursing. They thought it was only a menial task. I had already taken and passed matric and college entrance examinations and they were expecting me to become a teacher.

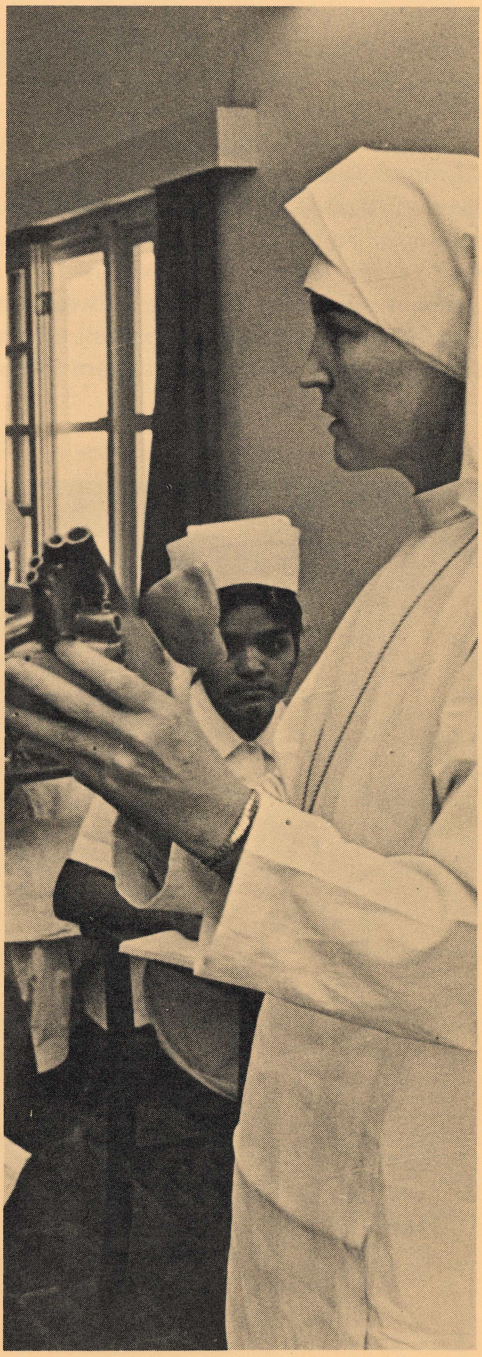
"My family is poor. I have three sisters and two brothers. The youngest is nine years old. One of my brothers and sisters had to leave school so that I could go. My education cost my family many sacrifices. I am glad I can help them now. I pay the monthly rent with my stipend from school.

"How disappointed they all were, thinking like so many people that nursing was dirty and bad. But in the end they let me go. Of the sixty girls in my matric class, I am the only one studying nursing. By

". . . learning to look and look until I clearly see . . ."

". . . anatomy class . . ."





". . . the wind in my hair . . ."

now I have found out what nursing is really about, and so has my family. My mother is so proud, and my two sisters are also interested."

Then she leaned forward with a gleam in her dark eyes, and looked at me rather intently. "I want everyone to know what nursing is really like, and how proud and privileged I feel to be studying it. It is a shame they don't know.

"I admit that the studies are harder than I thought, but they are interesting. I like mathematics best, but not algebra! I like English and psychology too.

"It is not only books that I like. I like badminton. I like sailboat rides on the Arabian Sea with my classmates. Talking with friends is my favorite hobby. On my time off, I go home and help the family. I sew and help the children with their school work. But I like the work at the hospital better. It is hard but full of dignity. I like the O.R. I even

". . . the unforgettable ceremony of capping . . ."

like to be on night duty, though it is a little longer! I do not mind working and studying hard because I want to be a good nurse, well qualified to help the poor and be of service.

"I was so happy the day I was capped. I will never forget it. And my family was so proud. Now I am in my second year. In one year I will graduate. Then I want to study midwifery if possible." Then with a twinkle, "I have one suggestion: no classes for night nurses. We are too sleepy!"

And so a Muslim girl makes her own decision, her own discovery of nursing, and of herself. Her world widens. Her joy deepens. The spirit of dedication and service grows in her and she grows in it. She grows in competence and responsibility. *"Salaam"* (the Urdu word for peace) is her greeting and her work.

". . . at the bedside of the very ill . . . these are the moments during my training that I shall always remember."

ABDUL

"Look, Sister—a camouflaged buffalo!" Streaked with mud, as water buffaloes usually are, this one all of a sudden was seen in a new light as it stood beside the mud-flaked, camouflaged buildings of Pakistan's September war-time atmosphere. And Abdul, our jeep driver, is not one to overlook such an opportunity for a quip.

Abdul is one of the five sons of Noor Din, the legendary old gentleman who has been driving Holy Family Hospital's horse-drawn tonga for many years. Noor Din's wife died when Abdul was very young. To help the family manage until the faithful tonga-driver married, the Sisters took care of little Abdul. The boy grew up with the Sisters. He would often hop into his father's tonga to tag along just for the ride and for the sweets, which always managed to pop out of Sister's pocket. Consequently Abdul knows all the Sisters who have come and gone at Holy Family Hospital for the past twenty years and will often fill in the miles of a long drive with his reminiscences. He chuckles whenever he tells about the time they got off course on a weekend village dispensary trip. "Carry on," was the Sister-doctor's reply when Abdul told her how far along they were. Was she ever surprised to find herself shortly afterwards in the town of Kharian, which sounds exactly like "Carry on!"

Few facts about cars have escaped Abdul. He can identify the make, model and mechanism of every passing vehicle and does so religiously. He knows the car he drives as his father knows his horse and treats it with almost the same tender love and concern. Every spare moment is spent washing, waxing and polishing it. If anyone has driven the jeep since he last put it into the garage, there is no need to tell him. He senses it. He would rather be called to drive at any time, day or night, than share his job with anyone else. At times, however, the glamor dims, and a disgruntled Abdul might be heard muttering to himself, "Abdul do this, Abdul do that, Abdul go to the train station . . ." Then something comes along to cheer him up, like a chance to make the forty mile trip to bring supplies to our vacation house in the mountains.

Abdul considers it one of his most important tasks to bring Sisters to and from the train station or the airport. If a new Sister is expected, for days Abdul looks forward to being part of the welcoming committee at

By Sister Bernadette Marie

the airport. When a Sister leaves for another assignment, he dolefully pays his last respects by taking her to the plane or train. It is easy to tell how the one expected to arrive or depart rates in Abdul's estimation by the spotlessness and shine of the jeep and the sharpness of the creases in his uniform trousers. And when you know that his home is a one-room mud-walled house, it is to his great credit that he is always immaculately clean, neat and punctual.

Abdul, a Muslim, never fails to take off his cap on the way out the driveway when Sisters are in the car, for it is customary for the Sisters to pray the Memorare at the beginning of a trip. He often has a twinkle in his eye that says "Beat you to it!" when he doffs his cap before the prayer is started. One morning as he was taking only one Sister to the bank, she said her prayer in silence. They were hardly out of the gate, when Abdul reminded her: "Sister, your prayer." Somehow he feels this guarantees the safety of the trip. One day shortly after one of his brothers had been killed in a truck accident, Abdul turned around and with great earnestness, asked, "Sisters, please say a rosary for my brother. Then my heart will feel strong."

Abdul's choice of language seems to depend on his mood. When he feels the importance of his position, especially after he has taken visitors sightseeing, chances are he will speak nothing but English in his own inimitable style for several days. Ordinarily he uses Urdu, sprinkled with English words and phrases. This ability to mix the two languages is like a signpost of an educated person. If he feels especially cheerful, Punjabi, the local dialect, wins out, whether or not the listener knows it well enough to understand.

Abdul seems to have friends all over the city and can manage to get anything from shoe repairs to printing jobs done quickly. Shopkeepers often say, "Just send Abdul to pick it up." Sisters who occasionally go shopping with him find his routes something less than obvious. He will stop the car, with "I'll be right back," and disappear into a dusky shop. Perhaps he is checking on the progress of an order, or leaving a message, or saying *salaam* to a friend. One is never quite sure. If it happens to be the middle of a long shopping morning, he sometimes comes back with a surprise bag of freshly cooked *pekoras,* spicy dough balls fried in deep fat, and maybe a drink to go with them.

Abdul now has two sons, aged three and one-and-a-half. The younger one was born the day Abdul's brother was killed, so they gave him his name. The three-year-old, Habib, seems to have inherited his father's enthusiasm for cars. Sitting behind the big steering wheel of the parked car makes him almost ecstatic. He even tries to help Abdul polish the car, as high as he can reach.

The changing tone of Pakistan is in a way symbolized in Abdul's family. His father, always in a turban and Punjabi clothes, did the hospital's errands with a horse and tonga. Abdul, in a uniform, does his work by car. Perhaps Habib will be crossing the country by jet.

THE SISTER

". . . artisans of peace are blessed

A BUILDER OF PEACE

By Sister M. Pierre

There are areas inside a man, every man, that cause conflict and turmoil, that harken back to St. Paul's words, "I do not do the good I want but the evil I do not want is what I do." This struggle, the tug of original sin, never quite leaves a man at rest but, like a buoy at sea, constantly keeps bobbing up.

Of the same stuff as other men, yet placed in a unique relationship to them and to God, the religious woman is keenly aware of this tug of nature. It is her business to look within herself often and to relate that self to a God of love to whom she has vowed her life. Where there is disorder, she must set herself to putting it aright; where there is lack of harmony, she must strike for the balance. This is between God and her, a story all her own. There are no two alike.

Perhaps to a passerby, this Sister looks like the next one and the next one, exactly like the next. So many think that Sisters are all poured into a mold and the finished product turned out on a production belt. But on the contrary, because each Sister's struggle to be fully herself is the only honest response to God's gift of a religious vocation in the first place, she emerges with her own peculiar scars, her own marks of victory. With her, this attempt to meet God ever and ever more completely in each person, in each facet of the day, is a full-time profession and like most professionals, it is something she works at long and hard. It is not easy to have men expect you to be a "pro" in the things of God.

Strange as it may seem, what men think of the religious woman, how they judge a Sister, is more than just a matter of interest to her. It is the test of her own grasp of the essentials of her vocation. She cannot ring true in her dedication to God if men do not also note this ring. Her duty to Him is not separate from her duty to them. Her earnest desire to be at harmony with Him necessarily overflows in harmony with those who are His. For a Sister, it is possible to reach out and find common ground with every man at that very point where he, too, in his innermost self is seeking God. It is here at this inner core that she begins understanding the relationship that gives her the opportunity to be a builder of peace.

A builder of peace . . . because her own peace is so surely grounded in knowing that she is living out God's Will for her; a builder of peace . . . because in a way, every man is stamped for her as belonging very especially to the One to Whom she has given her life and so he is to be loved and cherished; a builder of peace . . . because the burning desire to possess, that drive which destroys peace in the hearts of so many, finds little fuel in her life. No thing is hers for herself but all things are hers for "she is Christ's and Christ is God."

A religious woman moves in an atmosphere of peace, creating it around her, because its source is from within herself. In a land at war, in the midst of racial conflict or tribal disturbances, she is like a small island bespeaking peace.

A missionary Sister above all feels a real nostalgia for peace, a longing for it, because she has given her life to spread the Kingdom, a Kingdom of truth and life, a Kingdom of holiness and grace, a Kingdom of justice, love and PEACE.

POSTMARKED from our houses

UGANDA

Christmas Party

The Christmas party at Holy Family Hospital, Fort Portal, was a real family affair. First the student nurses gave a Nativity play in Rutoro (their native language) which they had practiced for weeks. Then literally everyone got into the act — sweepers, clerks, cooks, gardeners, nurses, tailors, gatemen, aides — everyone. They had all been divided into groups beforehand, each to make its contribution to the entertainment. And entertaining it was! Some sang, others danced and all greatly enjoyed performing. One group even brought two lambs to give a realistic touch to their song. The lambs were very well behaved and came in with a loud "BAA" every time the singers paused for a breath. But never once did they interrupt in the middle of a line!

After the entertainment, the employees were served tea and each received some little gift. One of the things given to each person present was a small box of tea wrapped up in Christmas paper. The tailor, who speaks and reads English well, took one of the Sisters aside. "There are some words here which I don't understand, Sister," he said, holding out his box of tea. DO NOT GIVE TO CHILDREN UNDER SIX YEARS OF AGE stood out in bold letters. It took some explaining to assure him that the tea was perfectly safe for children. We had used medicine boxes for the tea in order to have enough boxes of the same size for everyone.

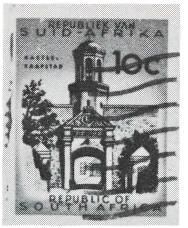
Sister Jude Marie
Holy Family Hospital, Uganda

VIETNAM

Touch of Robin Hood

Some of the U. S. Marines that are up in the mountains recently visited us and told us that they had discovered a cache of Viet Cong food supplies in the mountains near us, hidden away in caves dug deep down into the ground. They asked if we could use some of the rice and we told them that what we couldn't use we would distribute to the refugees and to our employees. Several days later we got a real surprise when they started bringing in the supplies in two-ton trucks. In the end we got about ten tons of the fifteen tons they had discovered. Of course the people were delighted with it—unshelled rice, dried potatoes, peanuts, and tobacco—in all sorts of bags and baskets. The whole affair resembled something out of Robin Hood. The Marines worked so hard getting it all unloaded off the trucks and then afterwards they downed pitchers of iced tea and cookies.

WASHINGTON, D.C., MOUNTAIN VIEW, CALIF. ■ **VENEZUELA**— MARACAIBO, CARIPITO, JUDIBANA ■ **GHANA**—BEREKUM



■ **CONGO**—MPENDZWA, KIRI ■ **MALAWI**—PHALOMBE ■ **KENYA**—NANGINA ■ **ENGLAND**—SOUTH SHIELDS, OSTERLEY

Speaking of cookies . . . One of the Special Forces came over to give blood last week. Afterwards we served him a drink and some of Sister Elise's homemade cookies. He liked them so much that Sister gave him a box to take back to some of the other men. A few days later the fellow appeared again with the empty box and asked, if they furnished the ingredients, could Sister manage to make them some more? This pleased Sister Elise no end. She likes nothing better than to have someone appreciate her cooking or baking. I halfway expect to find us in the bakery business within a week or two! But I am so glad that we can do a little something for the boys in return for all that they do for us.

Sister M. Karen
Holy Family Hospital, Quinhon

PHILIPPINE ISLANDS

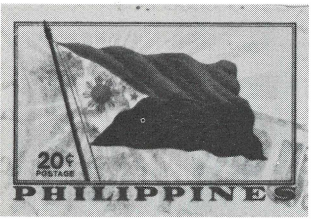
Disaster

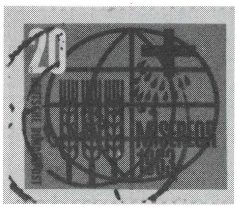
September spelled tragedy for the people of the Philippines. The big volcanic eruption claimed thousands of lives. The first eruption, completely unexpected, poked its head out of an innocent rice field. We could see the smoke from our windows. It looked like an A-bomb explosion and kept churning like a huge cauliflower, rolling up, to a height of 10,000 feet. Thunder and rumblings and lightning kept up from 2 a.m. until about 10 a.m. the next morning. At first we thought it was a storm until we saw it in daylight. Lava is all over the area near the volcano. Trees are lying burned and twisted, houses are buried and two *barrios* were completely buried alive.

Rescue boats saved some of the people in the disaster area, but when they returned for more, the people panicked and tried to push too many into the boats. The captain of the boat said that they wouldn't move until some people got out, so they killed him, and then began killing each other to lighten the load. At that point a tidal wave came and drowned all three boats. One lone survivor arrived on the other shore to tell the tale. They have buried hundreds of victims already and so many families are split up, not knowing if the missing members are dead or alive. Four cities have been set up to accommodate the displaced. Tagaytag has most of the burn cases. If the big crater really lets loose, the lava could reach as far as Lipa. However, they are mostly afraid of earthquakes which are supposed to follow the eruptions.

The Taal Volcano had been steadily rising in temperature for about a month, but since it has been inactive for 54 years, no one really expected anything. The usual warnings were not present and this is why many were caught off

TECHIMAN, KOKOFU ■ **UGANDA**—FORT PORTAL ■ **PAKISTAN**—RAWALPINDI, KARACHI, DACCA, MYMENSINGH





■ **GERMANY**—ESSEN ■ **HOLLAND**—HEERLEN, UTRECHT ■ **INDONESIA**—MAKASSAR, SURAKARTA, PARE-PARE, LAWANG

guard. It may be two or three months before the volcano calms down enough for the people to go back to their land. It looks so hopeless for them right now. They are just sitting helplessly in refugee areas, waiting.

The Bishop asked us to go to Tanauan to help the refugees from the volcano area. Twelve of us went down but were unable to do much. The doctors of the city had the medical situation well in hand. Water and bathing facilities are lacking, as the people are all assembled in one big city gymnasium. There is enough food, however, because everyone has gone out of his way to donate supplies, although in many places they are having a hard time distributing food and clothes. The best we can do to help right now is pray that the angry mountain stops smoking soon.

Sister M. Charles
Lipa City, Philippines

VENEZUELA

Look Who's Here

One day last week, the men in our maintenance shop were surprised by the screams of the woman who lives in the neighboring house. On investigation, they found a four to five foot crocodile in her garage. The men captured the animal with a noose, and we all had a good look . . . at a distance. One of the men took it home tied to a large board which dragged at a distance behind his motorcycle. No doubt he is still the talk of his neighborhood! We can't quite figure out how the crocodile got into the garage. Perhaps some small river flooded and brought the creature up. It's quite possible, as we live in a delta area where there is rain almost all day for eight months of the year, and we have many rivers. At any rate, this is the first time such a thing has happened, and I hope the last. The crocodile could easily have eaten a small child.

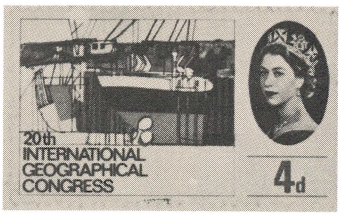
Sister M. Anita
Holy Family Hospital, Caripito

GERMANY

Open Door

Last Sunday we had a group of girls here for an "Open Door Day." The girls came on Saturday and lived with us for the weekend to see how our day goes and to learn a little about our way of life. These days are a frequent practice now in Germany to help remove previous prejudices and wrong ideas about Religious Life. We really had a lot of fun with the girls and also some serious talks. Vocational work is our most urgent concern at the moment, as Germany is not blossoming with vocations. I guess we shall have to do some hard

■ **INDIA**—PATNA, MANDAR, BOMBAY, NEW DELHI, POONA, KODARMA, THURUTHIPURAM ■ **VIETNAM**—QUINHON



■ **INDIA**—BHARANANGANAM, CHANGANACHERRY, KOTTAYAM, ITHITHANAM, MUNDAKAYAM ■ **PHILIPPINES**—LIPA CIT

praying and working to encourage more and good vocations. At the moment we have four novices and one postulant. For February three girls have applied for admission. Let us hope that our vocational work will bring more fruit in time.

Sister M. Jutta
Germany Novitiate

UGANDA

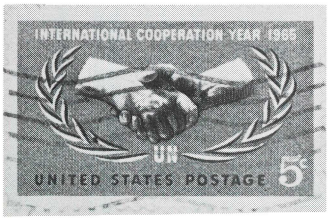
First Impressions

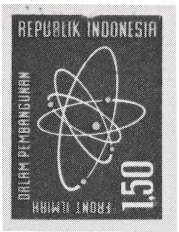
On arriving in Africa, I went to our hospital in Fort Portal, Uganda, for a short stay, before setting up permanent residence in Kenya.

The next morning I toured the hospital. As I met each English speaking person he would say, "Good morning, Sister. Where have you come from?" Reply: "U.S." "And how did you leave everyone there?" "Everyone was well." Then he would say: "Welcome to our country." Later I learned that this was the translation of the usual greeting in Rutoro.

In the evening one of the African Fathers came to the house to tell the Sisters about local customs, pagan practices, etc. This was the first of a series he planned to give. It was excellent. I was amazed at the similarity of local customs with those of West Africa. The next day I was invited to join the "small" safari to Kyremia, Bwamba. We set out right after breakfast and went through some beautiful forest areas. When we arrived at the "clinic" we were mobbed. The parish church, a small mud chapel, was used for the occasion. The sacristy became the examining room. Sister Margaret Rose set up her registration counter in the back of the landrover. We tried hard to get some kind of order but did not succeed. Sister Gregory was surrounded as she would examine one baby. A large number of people had come for pertussis vaccine and would not believe us when it ran out before everyone had received it. As Sister Marie Sarto directed the patients out the front door, they would run around and come in the back door again. I took over the injection station and the more I tried to explain to the people that I didn't understand them, that I was a new arrival to their country, the more they would talk to me.

We took a break for lunch and while eating, one of the women from the mountains proceeded to entertain us. She was dressed in two goat skins for a skirt, with another one around her back to hold her baby in place. Around her knees were wrapped many coils of wire on grass, layer on top of layer. She danced back and forth in front of us, singing her own song and bouncing the baby on her back. We both enjoyed it thoroughly. When we finally finished the clinic,





we discovered that our usual 30 had become 106 that day.

On the trip home we stopped to see the hot sulfur springs. They are in one part of the forest area. As we arrived at the springs one man was taking a therapeutic bath in the stream. Another man carefully made his way over to the center of one of the boiling springs and began to take something out of the water. It turned out to be his sweet potatoes for supper, all nicely cooked and salted!

Sister M. Patricia
Holy Family Hospital,
Nangina, Kenya

PAKISTAN

A Long Way To Go

Twice a week we go on village trips to extend the medical services of the hospital. The distances are not great as the crow flies, perhaps 20-25 miles; but as trains, boats and shank's mare go, it's quite a trip. It takes time and energy to get there. Now we see why patients frequently come to us with diseases far advanced. They must often walk one or more miles over rough terrain and single plank bridges to reach a train or boat. Then they usually have to transfer to a bus or rickshaw before reaching the hospital. It's a gay adventure when you are in good health, but for the sick, it is often just too far.

This is why I ask my patients how many hours it takes them to come to the hospital. Even this varies greatly from the same village at different times of the year. A journey of several hours in the dry season takes six or seven hours by boat during the monsoons and, during floods, becomes virtually impossible.

Sister Mary Luke, M.D.
Holy Family Hospital, Dacca

YOUR WILL

Your will can help the Medical Mission Sisters bring Christlike charity through their medical work to areas of greatest need around the world. The following approved form of bequest may be used:

"I hereby give (devise) and bequeath to the Society of Catholic Medical Missionaries (also known as the Medical Mission Sisters), an institution incorporated under the laws of the State of Maryland, and its successors forever the sum of $_____ for its purposes."

If you have already made your will, it is not necessary to make a new one. It is sufficient that a codicil be added, using the above.

HIGHLIGHTS & INSIGHTS

About a third of the world's 3000 million people have access to scientific medical care services, including well-equipped hospitals. The remaining two-thirds live in countries with rural populations amounting in most cases to 70%-80% of the total. Even supposing that the major towns in these countries have hospitals giving an acceptable standard of medical care, this still leaves more than half the world's population with inadequate health protection.

WHO CHRONICLE
November 1965

"In this restless and troubled world, your witness serves as an example: you are artisans of unity, bearers of hope and messengers of salvation. Be generous in showing that the Church knows no barriers of continent, culture or race but that the love of God transcends all and that He has only one desire: to communicate with men."

Address of Pope Paul VI
to Missionaries
May 25, 1965

Since its founding in 1865 in London's East End, the Salvation Army's red shield has become a symbol of service throughout the world. At the close of its centennial year, the Salvation Army includes many medical facilities. Internationally, it maintains 29 general hospitals, 41 maternity hospitals, 72 dispensaries and clinics, and six leprosaria. In the United States, there are a total of 2,183 physicians and nurses connected with the Salvation Army's medical and social service installations. The flag of the "Army"—which General William Booth founded along military-like organizational lines to battle against evil, poverty and disease — now flies over 20,000 religious and social welfare centers in 71 nations and territories.

The AMA NEWS
October 4, 1965

The Church has much to say to the present trends in medical education and medical practice. We are becoming alarmed at the fragmented approach to healing through over-specialization — the inordinate interest in a fragment of the human anatomy without adequate recognition of the person who possesses it. And what of the economist who sees health services in terms of productive units capable of enhancing the

HIGHLIGHTS

economy of a nation. To both these professions, the Church must make it crystal clear that man is God's creation, intended for wholeness through redemption. And this, and nothing less, is the mission of the Healing Church.

WORLD MISSION NEWSLETTER
World Council of Churches
October 1965

"Peace must be built. It must be built up every day by the works of peace. These works of peace are, first of all, social order; then, aid to the poor, the needy, the weak, the sick, the ignorant."

POPE PAUL VI

This year, on the occasion of the celebration of the Fourth Centenary of the evangelization of the Philippines, Pope Paul VI said in a radio message: "As a great Catholic nation in Southeast Asia, you are truly a city set on a mountain which cannot be hidden . . . a lamp in a lampstand." But is that light dimming? The drastic shortage of priests, coupled with new secular reforms in the new constitution, will cause a difficult tomorrow for Christianity in this country where 3,900 priests must care for 24 million Catholics. How long will the Church be able to hold its 90 per cent majority in this key Asian country when she no longer is permitted to give instructions in public schools, her main source of past apostolate?

WORLDMISSION
Fall 1965

& INSIGHTS

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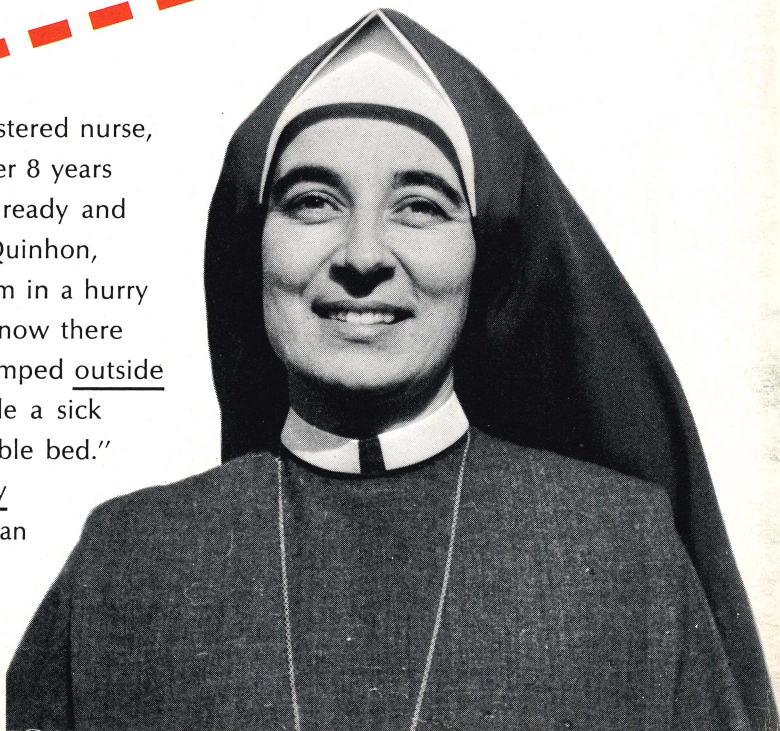
Sister Marguerite, registered nurse, home on furlough after 8 years in the missions, now ready and anxious to return to Quinhon, SOUTH VIETNAM. "I'm in a hurry to get back. Do you know there are 30,000 refugees camped outside our hospital and inside a sick patient in every available bed." Sister wants a one-way passage to Vietnam. Can you help us pay the $664.65 fare?